

Psychiatric Illness in Lesbian, Gay, and Bisexual Teenagers

A Handbook
for Adolescent Healthcare Providers



BROWN



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Definitions

- **LGBTQ:** Lesbian, Gay, Bisexual, Transgender, and Queer.
- **Queer:** a derogatory term now reclaimed by many in the LGBTQ community used to describe their gender identity or sexual orientation; sometimes used as an umbrella term for the LGBTQ community.
- **Homophobia:** Fear, dislike or hatred of people who are, or presumed to be, LGB.
- **Heterosexism:** Presumption that all people are, or should be, heterosexual.
- **Internalized Homophobia:** Experience of shame, aversion or self-hatred in reaction to one's own feelings of attraction for a person of the same gender.

Concerns of the Transgender community are not specifically addressed, as this handbook focuses on issues of sexual orientation; hence, this handbook refers to 'LGB' teens.

Sexual Identity Development

- LGB persons begin to develop their sexual identity/orientation during their adolescent years.
- Various milestones are reached during this time:^{1,2}
 - Become aware of same-sex attraction: 10-12 years old
 - First same-sex sexual contact: 13-16 years old
 - Disclose sexual identity to another person: 16-17 years old

Psychosocial Risk Factors

Many psychosocial risk factors are more prevalent in LGB adolescents than their heterosexual peers:³

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|--------------------------------|--------------------|
| ■ Depression and suicide | ■ Family rejection |
| ■ Sexual identity disclosure | ■ Low self-esteem |
| ■ Harassment and violence | ■ School problems |
| ■ Substance abuse | ■ Homelessness |
| ■ Body image, eating disorders | |

Psychosocial Stressors

- Many LGB teens have a constant fear of rejection, stigmatization, victimization and humiliation.⁴
- They are beginning to form and accept their identity within a heterosexist society.³
- In high schools, one study found 98% of verbal abuse to be anti-gay.⁵
- Prominent stressors to be evaluated in the context of a therapeutic relationship include:
 - Fear of disclosing identity to family and friends
 - Fear of rejection by peers
 - Fear of violence
 - Religious/Moral pressures
 - Harassment/Homophobia in schools

Coming Out

- 'Coming out' is the disclosure both to oneself and others that one is LGB.
- This process starts in the teenage years and continues into adulthood.
- Most LGB persons first come out to a friend around 16-17 years old, then to a parent 1 year later.¹
- Their first disclosure normally occurs 2 years after coming out to themselves.¹
- After coming out, 40% of LGB youth lose at least one friend;⁹ moreover, 26% of fathers and 10% of mothers reject their child.¹⁰
- There is a reported increase in suicide attempts after coming out to family members.¹

Depression

- There is a high prevalence of mood disorders in LGB adolescents due to the immense psychosocial stressors faced by these teens.
- Compared to heterosexual teenagers, LGB teens have greater:⁴
 - Hopelessness
 - Depression
 - Present and Past Suicidality
- Using DSM-III criteria, one study compared diagnosis of Major Depression:⁶
 - LGB Teens: 71.4%
 - Heterosexual Teens: 38.2%

Suicide

- Suicidal Ideation ^{4,6}
 - LGB teens: 40-68%
 - Heterosexual teens: 10-28%
- Suicide Attempt ^{4,7,8}
 - LGB teens: 28-41%
 - Heterosexual teens: 4-13%
- LGB Adolescents:
 - Have more lethal suicide attempts.⁷
 - Are 6.2 times more likely to attempt suicide than their heterosexual peers.⁶
 - Account for 30% of completed youth suicides each year, although they make up less than 10% of population.³

Harassment and Violence

- In high schools, LGB adolescents experience discrimination based on sexual orientation.^{9,12}
 - Harassment: 50% of LGB teens
 - Violence: 10.3% of LGB teens
- Violence and victimization predict suicide, as 21% of harassed students attempt suicide.¹¹

Family Rejection

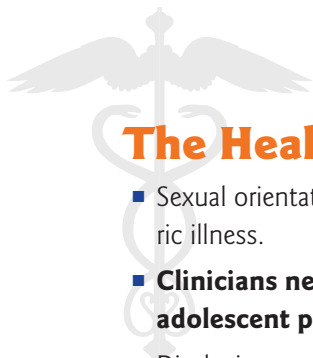
- Compared to accepting families, LGB adolescents who experience rejection from their family because of their sexual orientation are more likely to:⁸
 - Attempt suicide: 8.4 times more likely
 - Report depression: 5.9 times more likely
 - Use illegal drugs: 3.4 times more likely
 - Engage in unprotected intercourse: 3.4 times more likely

Substance Abuse

- Proportion of LGB adolescents reporting substance abuse: 54.7%⁸
- Compared to heterosexual peers, LGB teenagers:¹³
 - Begin using substances at a younger age.
 - Use alcohol more frequently.
 - Have a higher incidence of binge drinking.

Body Image/Eating Disorders

- Compared to heterosexual male teenagers, gay male adolescents report more:¹⁴
 - Effort to look like men in media
 - Emphasis on thinness and appearance
 - Fasting
 - Vomiting/Laxative use
 - Dieting/Diet pill usage
 - Binge eating
 - Poor body image



The Healthcare System

- Sexual orientation is linked to an increased prevalence of psychiatric illness.
- **Clinicians need to have an open discussion with their adolescent patients about this issue.**
- Disclosing sexual orientation to a healthcare provider is associated with better patient satisfaction and quality of care.¹⁵
- Despite this information:
 - Proportion of physicians who don't ask their adolescent patients about their sexual orientation: 70%.^{16,17}
 - Proportion of LGB adolescents who have never discussed sexual orientation with their healthcare provider: 78%.²
 - Adolescents as less likely to come out to clinicians if parents are in the room, if they are unsure of the confidentiality policy, or if they do not feel safe.²

What We Can Do

- Talk to all patients about sexual orientation
- Ask about family reactions, feelings, and fears
- Include sexual orientation in suicide risk screening
- Be aware of our biases and when to refer
- LGB-friendly intake forms: gender-neutral options for *sex*, *parents*, and *relationship status*
- LGB-oriented posters and brochures in our waiting room
- Support local high school gay/straight alliance (GSA)
- Know local resources, including websites, books, magazines, LGB resource centers, peer support groups, organizations, and clinicians

Tips for Talking with Teens

- Assure confidentiality to aid in patient's disclosure. This can be done verbally or through a sign in the waiting room or exam room.
- Use gender-neutral terms (ie: "partner" and "parent") and don't assume heterosexuality.
- See patients without a parent, as they may not yet have come out to their parents.
- Remember that self-identification occurs after same-sex feelings develop; therefore, don't ask for an identity label (gay), ask for thoughts/desires (interested in same sex).
- Normalize the experience of LGB teens, and remind them that they are not alone.
- Explain why we are asking about sexual orientation, and assure that "I ask all of my patients this."

Asking the Question

Regarding sexual orientation, LGB adolescents prefer when clinicians "just ask me".¹⁵ Here are some examples of how we can ask:

- "Are you sexually active/hooking up? With guys, girls, or both?"
- "Some people your age are beginning to date/hook up with other teens. Are any of your friends dating/hooking up? Are you?"
- "When you think about dating, would you want to date guys, girls, or both?"
- If a patient says that they are already dating a member of the opposite sex, "do you ever think that you might want to date another guy/girl [same-sex]?"
- If a patient is hesitant, simply stating "I work with lots of gay and lesbian teenagers" will normalize their experience.

National Resources

- Gay and Lesbian Medical Association (www.glma.org)
- Gay, Lesbian and Straight Education Network (www.glsen.org)
- Human Rights Campaign (www.hrc.org)
- National Gay and Lesbian Task Force (www.thetaskforce.org)
- National Coalition for LGBT Health (www.lgbthealth.net)
- GLBT Health Access Project (www.glbthealth.org)
- American Medical Student Association's Gender and Sexuality Committee (www.amsa.org/gender)

Local Resources

Youth Pride, Inc

www.youthprideri.org

171 Chestnut St.

Providence, RI 02903

(401) 421-5626

info@youthprideri.org

Organization in RI that works with LGBTQ youth and their allies, through programs of support, education, organizing and advocacy. Their services include: a drop-in center, nightly social activities, OUTSpoken community education, the gay/straight alliance coalition, support services (counseling, crisis intervention, and case management), and wellness activities.

Parents, Families, and Friends of Lesbians and Gays

www.pflag.org; www.pflagprovidence.org

500 Angell St. #212

Providence, RI 02906

(401) 751-7571

pflagprovidence@verizon.net

National organization with a local chapter in Providence that works with the families and friends of LGBTQ persons. Meetings are held on the first Wednesday of each month from 6:45pm-8:45pm at The Met School, 325 Public St., Providence. Meetings are to provide support to parents with LGBTQ children who are in any stage of identity disclosure.

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For Further Reading

Makadon H, Mayer K, Potter J, Goldhammer H (2007). *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. Philadelphia, PA: American College of Physicians.

- Chapter 4: *Addressing LGBTQ Youth in the Clinical Setting*
- Chapter 8: *Mental Health: Epidemiology, Assessment, and Treatment*

